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DECLARATION FOR UTILITY OR DESIGN	
PATENT APPLICATION	
(37 CFR 1.63)	
<input checked="" type="checkbox"/> Declaration <input type="checkbox"/> Submittal after Initial <input type="checkbox"/> Filing (Surcharge (37 CFR 1.16 (e)) required)	
Attorney Docket Number 589-004	
First Named Inventor JOHN CHRISTENSEN	
COMPLETE IF KNOWN	
Applicant Number /	
Filing Date /	
Group Art Unit /	
Examiner Name /	
As a below named Person(s) I hereby declare that I am the inventor(s) of the invention described in the specification which includes the drawing(s) and claims as set forth below.	

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DECLARATION — Utility or Design Patent Application

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Name CLIFFORD G. FRAYNE

Address 136 Drum Point Road, Suite 7A

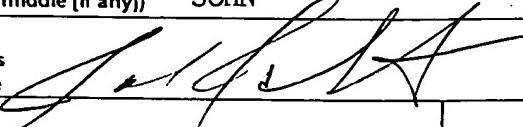
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :	<input type="checkbox"/> A petition has been filed for this unsigned inventor
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Given Name (first and middle [if any])	JOHN	Family Name or Surname	CHRISTENSON
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Inventor's Signature		Date	12/12/13
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Residence: City	POINT PLEASANT	State	NJ	Country	US	Citizenship	US
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Mailing Address 1656 CENTER STREET

City	POINT PLEASANT	State	NJ	ZIP	08742	Country	US
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
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Given Name (first and middle [if any])	Family Name or Surname
---	---------------------------

Inventor's Signature	Date
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Residence: City	State	Country	Citizenship
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Mailing Address

City	State	ZIP	Country
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<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → **[+]**

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	JOHN CHRISTENSON
Group Art Unit	
Examiner Name	
Attorney Docket Number	589-004

I hereby appoint:

- Practitioners at Customer Number
OR
 Practitioner(s) named below:

Place Customer Number Bar Code Label here

Name	Registration Number
CLIFFORD G. FRAYNE	27,637

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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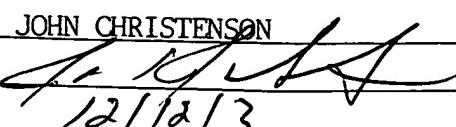
OR

<input checked="" type="checkbox"/> Firm or Individual Name	CLIFFORD G. FRAYNE			
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Country	US			08723
Telephone	732-262-2075	Fax	732-262-2081	

I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	JOHN CHRISTENSON
Signature	
Date	12/12/13

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

- Total of 1 forms are submitted.